## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, D.C. 20
TEMPORARY

Es ho 3235-0076 March 15, 2009

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OMB APPROVAL

MAR 2 7 2009 THONISON REUTERS

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

| SEC USE ONLY |              |        |  |  |  |  |  |
|--------------|--------------|--------|--|--|--|--|--|
| Prefix       |              | Serial |  |  |  |  |  |
|              |              |        |  |  |  |  |  |
|              | DATE RECEIVE | P      |  |  |  |  |  |

| Name of Offering ([ ] check if this is an amount                  |                           | ed, and indicate o | hange.)                 |                      | <del></del>   |
|---|---------------------------|--------------------|-------------------------|----------------------|---------------|
| GCG Investors II, LP; Offering of Limite                          |                           | f 1 D 1 505        | (3/1 D. 1. 50/          | f 304 4(6)           | f IIII.OE     |
| Filing Under (Check box(es) that apply):                          | [ ] Rule 504              | [ ] Rule 505       | [X] Rule 506            | [ ]Section 4(6)      | [ ] ULOE      |
| Type of Filing: New Filing  | [X] Amendment             |                    |                         |                      |               |
|   | A. BASIC IDI              | ENTIFICATION       | DATA                    |                      |               |
| 1. Enter the information requested about                          | the issuer                |                    |                         |                      |               |
| Name of Issuer ([ ] check if this is an amen GCG Investors II, LP | dment and name has change | d, and indicate ch | ange.)                  |                      | 09035829      |
| Address of Executive Offices                                      | (Number and Street, City, | State, Zip Code)   | Telephone Number        | (Including Area Cod  | e)            |
| 230 West Monroe Street, Suite 2000, Ch                            | icago, IL 60606           |                    | (312) 849-0008          | 886                  | 3             |
| Address of Principal Business Operations                          | (Number and Street, City, | State, Zip Code)   | Telephone Number        | (Including Area Cod  | e)ssing       |
| (if different from Executive Offices)                             |                           |                    |                         | Secti                | ดก            |
| Brief Description of Business                                     |                           |                    |                         | 4                    | 2001          |
| Investment Limited Partnership                                    |                           |                    |                         | MAR I                | i 2005        |
| Type of Business Organization                                     |                           |                    |                         | )Aloching            | ton, DC       |
| [ ] corporation   | [X] limited partnersh     |                    | 1                       | [] other (please, sp | ecify):       |
| [ ] business trust  | [ ] limited partnershi    | p, to be formed    |                         | Q NLS                | <u>ب</u>      |
| -   |                           |                    | ear                     |                      |               |
| Actual or Estimated Date of Incorporation o                       |                           | [03]               | [07]                    | [X] Actual           | [ ] Estimated |
| Jurisdiction of Incorporation or Organization                     |                           |                    | ice abbreviation for St | ate:                 |               |
|   | CN for Canada;            | FN for foreign ju  | risdiction)             |                      | DE            |

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                        | [ ] Promoter            | Beneficial Owner                      | [ ] Executive Officer                 | Director     |
|--|-------------------------|---------------------------------------|---------------------------------------|--------------|
| Check Box(es) that Apply.                        | [X] General and/or l    |                                       | [ ] Executive Officer                 | [ ] Bilector |
| Full Name (Last name first, if ind               |                         | · · · · · · · · · · · · · · · · · · · |                                       |              |
| GCG General Partner, LLC                         | ,                       |                                       |                                       |              |
| Business or Residence Address (N                 | Number and Street, City | , State, Zip Code)                    |                                       |              |
| 230 West Monroe Street, Suite                    |                         | 0606                                  |                                       |              |
| Check Box(es) that Apply:                        | [ ] Promoter            | [ ] Beneficial Owner                  | [ ] Executive Officer                 | [ ] Director |
| . ,  | [X] General and/or !    | Managing Member                       |                                       |              |
| Full Name (Last name first, if ind               | ividual)                |                                       |                                       |              |
| Greyrock Capital Group, LLC                      |                         |                                       |                                       |              |
| Business or Residence Address ()                 | Number and Street, City | y, State, Zip Code)                   |                                       |              |
| 230 West Monroe Street, Suite                    |                         |                                       |                                       |              |
| Check Box(es) that Apply:                        | [X] Promoter            | [ ] Beneficial Owner                  | [X] Executive Officer                 | [ ] Director |
|  |                         | Managing Partner                      |                                       |              |
| Full Name (Last name first, if ind               | ividual)                |                                       |                                       |              |
| Shufro, Mark                                     |                         |                                       |                                       |              |
| Business or Residence Address (1                 |                         |                                       |                                       |              |
| 230 West Monroe Street, Suite                    |                         | 0606                                  |                                       | (15)         |
| Check Box(es) that Apply:                        | [ ] Promoter            | [ ] Beneficial Owner                  | [X] Executive Officer                 | [ ] Director |
|  | [ ] General and/or N    | Aanaging Partner                      |                                       |              |
| Full Name (Last name first, if ind               | ividual)                |                                       |                                       |              |
| Birch, Jeffery                                   |                         |                                       |                                       |              |
| Business or Residence Address ()                 |                         |                                       |                                       |              |
| 230 West Monroe Street, Suite                    |                         |                                       | (V) F                                 | [ ] Director |
| Check Box(es) that Apply:                        | [] Promoter             | [X] Beneficial Owner                  | [X] Executive Officer                 | [ ] Director |
| E HAY (I A C A C A C A C A C A C A C A C A C A   | General and/or N        | nanaging Partner                      |                                       |              |
| Full Name (Last name first, if ind               | ividuai)                |                                       |                                       |              |
| Perkins, Tracy Business or Residence Address (1) | Jumbar and Street City  | State Zin Code)                       |                                       |              |
| 230 West Monroe Street, Suite                    |                         |                                       |                                       |              |
| Check Box(es) that Apply:                        | Promoter                | [X] Beneficial Owner                  | [X] Executive Officer                 | [ ] Director |
| Check Box(es) that Apply.                        | General and/or N        |                                       | [ A ] Executive officer               | [ ] 2        |
| Full Name (Last name first, if ind               |                         | rumging rumor                         | · · · · · ·                           |              |
| Etter, Stephen                                   |                         |                                       |                                       |              |
| Business or Residence Address (1                 | Number and Street, City | . State, Zip Code)                    |                                       |              |
| 230 West Monroe Street, Suite                    |                         | - ,                                   |                                       |              |
| Check Box(es) that Apply:                        | [ ] Promoter            | [X] Beneficial Owner                  | X Executive Officer                   | [ ] Director |
|  | [ ] General and/or N    | Managing Partner                      | . ,                                   |              |
| Full Name (Last name first, if ind               |                         |                                       |                                       |              |
| Osburn, Todd                                     |                         |                                       |                                       |              |
| Business or Residence Address (1                 |                         |                                       |                                       |              |
| 230 West Monroe Street, Suite                    | 2000, Chicago, IL 60    | 0606                                  |                                       |              |
|  | (Use blank shee         | et, or copy and use additional copies | s of this sheet, as necessary.)       |              |
|  | (550 514111 3110        |                                       | · · · · · · · · · · · · · · · · · · · |              |

|          | _  |                       | ·                            |                            |                          |  |                              | 01100 63                    | CEPPIN'S                  |                          |                              |                            |              | ***                    |
|----------|--|-----------------------|------------------------------|----------------------------|--------------------------|--|------------------------------|-----------------------------|---------------------------|--------------------------|------------------------------|----------------------------|--------------|------------------------|
|          |  |                       |                              |                            | B. INF                   | ORMAT  | TION AB                      | OUTO                        | FERINC                    | <u> </u>                 |                              |                            |              | <del></del>            |
| 2. W     | as the issuer<br>hat is the m                                  | inimum in             | ivestment i                  | A<br>that will be          | nswer also<br>accepted   | in Appendrom in in in Appendicate in | dix, Colum:<br>ndividual?.   | n 2, if fili                | ng under U                | LOE.                     |                              |                            | \$:          |                        |
|          | oes the offer  |                       |                              |                            |                          |  |                              |                             |                           |                          |                              |                            |              | Yes No                 |
|          |  | -                     |                              |                            |                          |  |                              |                             |                           |                          |                              |                            |              | , , , , , , ,          |
| re<br>a: | nter the info<br>muneration<br>gent of a bro<br>e listed are a | for solicita          | ation of puller registe      | rchasers in<br>red with th | n connecti<br>ne SEC and | on with sa<br>d/or with a  | les of secur<br>state or sta | ities in th<br>tes, list th | e offering.<br>ie name of | If a perso<br>the broker | on to be liste<br>or dealer. | ed is an ass<br>If more th | sociated p   | erson or  ) persons to |
|          | ame (Last na   |                       |                              | al)                        |                          |  |                              | -                           |                           |                          |                              |                            |              |                        |
| Busine   | ridge Investess or Reside                                      | ment Gro<br>nce Addre | ss (Numb                     | er and Stre                | et, City, S              | tate, Zip C  | ode)                         |                             |                           |                          |                              |                            |              | ******                 |
| 90 Gr    | ve Street R  | idgefiled             | CT 06977                     |                            |                          |  |                              |                             |                           |                          |                              |                            |              |                        |
|          | of Associat  |                       |                              | _                          |                          |  |                              |                             |                           |                          |                              |                            |              |                        |
| States   | in Which Pe  | rson Liste            | d Has Soli                   | cited or In                | tends to So              | olicit Purch   | asers                        |                             |                           |                          |                              |                            |              |                        |
|          | (Check)  | ·All States           | " or check                   | individua                  | l States)                |  |                              |                             |                           |                          |                              | ,.,                        | [X].         | All States             |
|          | [AL]   | [AK]                  | [AZ]                         | [AR]                       | [CA]                     | [CO]   | [CT]                         | [DE]                        | [DC]                      | [FL]                     | [GA]                         | [HI]                       | [ID]         |                        |
|          | [IL]   | [IN]                  | [IA]                         | [KS]                       | [KY]                     | [LA]   | [ME]                         | [MD]                        | [MA]                      | [MI]                     | [MN]<br>[OK]                 | [MS]<br>[OR]               | [MO]<br>[PA] |                        |
|          | [MT]<br>[RI]   | [NE]<br>[SC]          | [NV]<br>[SD]                 | [NH]<br>[TN]               | [NJ]<br>[TX]             | [NM]<br>[UT]   | [NY]<br>[VT]                 | [NC]<br>[VA]                | [ND]<br>[WA]              | [OH]<br>[WV]             | [UK]<br>[WI]                 | [WY]                       | [PR]         |                        |
|          | ame (Last na   | ime first, i          |                              | al)                        |                          |  |                              |                             | <del></del>               |                          |                              |                            |              |                        |
| Busine   | inster Finar<br>ess or Reside                                  | nce Addre             | i <u>p Lta.</u><br>ess (Numb | er and Stre                | et, City, S              | tate, Zip C  | ode)                         |                             |                           |                          |                              |                            |              |                        |
|          | Iolicong Ro  |                       |                              | 18938                      |                          |  |                              |                             |                           |                          |                              |                            |              |                        |
| Name     | of Associate   | d Broker (            | or Dealer                    |                            | . <u>.</u>               |  |                              |                             |                           |                          |                              |                            |              |                        |
| States   | in Which Pe  | rson Liste            | d Has Soli                   | icited or In               | tends to Se              | olicit Purch   | nasers                       |                             |                           |                          |                              |                            |              |                        |
|          | (Check '   | 'All States           | s" or check                  | individua                  | l States)                |  |                              |                             |                           |                          |                              |                            | [ ]A         | all States             |
|          | [AL]   | [AK]                  | [AZ]                         | [AR]                       | [CA]                     | [CO]   | [X-CT]                       |                             | [DC]                      | [FL]                     | [GA]                         | [HI]                       | [ID]         |                        |
|          | [X-IL]   | [IN]                  | [IA]                         | [KS]<br>[NH]               | [KY]<br>[NJ]             | [LA]<br>(NM)   | [ME]<br>[ <b>X-</b> NY]      | [MD]                        | [MA]<br>[ND]              | [MI]<br>[OH]             | [X-MN]<br>[OK]               | [MS]<br>[ <b>X-</b> OR]    | [MO]<br>[PA] |                        |
|          | [MT]<br>[RI]   | [NE]<br>[SC]          | [NV]<br>[SD]                 | [TN]                       | [TX]                     | [UT]   | [VT]                         | [VA]                        | [WA]                      | [WV]                     | [X-WI]                       | [WY]                       | [PR]         |                        |
| Full N   | ame (Last na   | ame first, i          | f individu                   | al)                        |                          |  |                              |                             |                           |                          |                              |                            |              |                        |
| Busine   | ess or Reside  | nce Addre             | ess (Numb                    | er and Stre                | et, City, S              | tate, Zip C  | ode)                         |                             |                           |                          |                              | _                          |              |                        |
| Name     | of Associate   | d Broker              | or Dealer                    |                            |                          | · -  | -                            |                             |                           |                          |                              |                            |              |                        |
| States   | in Which Pe  | erson Liste           | d Has Sol                    | icited or In               | tends to S               | olicit Purcl   | nasers                       |                             |                           |                          |                              |                            |              | -                      |
|          | (Check   | "All States           | s" or check                  | c individua                | I States)                |  |                              |                             |                           |                          |                              | ,,,                        | []A          | Il States              |
|          | [AL]   | [AK]                  | [AZ]                         | [AR]                       | [CA]                     | [CO]   | [CT]                         | [DE]                        | [DC]                      | [FL]                     | [GA]                         | [HI]                       | [ID]<br>[MO] |                        |
|          | [IL]<br>[MT]   | [IN]                  | [IA]<br>[NV]                 | [KS]<br>[NH]               | [KY]<br>[NJ]             | [LA]<br>[NM]   | [ME]<br>[NY]                 | [MD]<br>[NC]                | [MA]<br>[ND]              | [MI]<br>[OH]             | [MN]<br>[OK]                 | [MS]<br>[OR]               | [PA]         |                        |
|          | ์เหม   | isci                  | [SD]                         | [TN]                       | [TX]                     | [UT]   | [VT]                         | [VA]                        | [WA]                      | [WV]                     | [WI]                         | [WY]_                      | [PR]         |                        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |          |                             |          |                        |
|----|--|----------|-----------------------------|----------|------------------------|
|    | Type of Security   |          | Aggregate<br>Offering Price |          | Amount Already<br>Sold |
|    | Debt   | \$_      | -0-                         | \$       | -0-                    |
|    | Equity   | \$       | -0-                         | \$       | -0                     |
|    | [ ] Common [ ] Preferred   | _        |                             |          |                        |
|    | Convertible Securities (including warrants)  | \$       | -0-                         | S        | -0-                    |
|    | Partnership Interests  | <i>s</i> | 250,000,000                 | <u> </u> | 73,085,000             |
|    | •  | ۳        | -0-                         | ·        | -0-                    |
|    | Other (specify)  | ₽        | -0-                         |          | <u> </u>               |
|    | Total  | \$       | 250,000,000                 | . \$     | 73,085,000             |
|    | Answer also in Appendix, Column 3, if filing Under ULOE  |          |                             |          |                        |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."   |          |                             |          |                        |
|    |  |          | Number                      | Agg      | regate Dollar Amount   |
|    |  |          | Investors                   |          | of Purchases           |
|    | Accredited Investors   | _        | 99                          | . §      | 73,085,000             |
|    | Non-accredited Investors   |          | -0-                         | . \$     | - 0-                   |
|    | Total (for filings Under Rule 504 Only)  |          | N/A                         | \$       | N/A                    |
|    | Answer also in Appendix, Column 4 if filing under ULOE   |          |                             |          |                        |
| 3. | If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.   |          |                             |          |                        |
|    | Type of offering   |          | Type of                     |          | Dollar Amount          |
|    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |          | Security                    |          | Sold                   |
|    | Rule 505   | _        | N/A                         | . \$     | N/A                    |
|    | Regulation A   |          | N/A                         |          | N/A                    |
|    | Rule 504   |          | N/A                         | . \$     | N/A                    |
|    | Total  | _        | N/A                         | \$       | N/A                    |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate   |          |                             |          |                        |
|    | Transfer Agent's Fees  | •••••    | [ ]                         | s        | -0-                    |
|    | Printing and Engraving Costs   |          |                             |          | -0-                    |
|    | Legal Fees   |          |                             |          | 35,000                 |
|    | Accounting Fees  |          |                             |          | -0                     |
|    | Engineering Fees   |          |                             |          | -0-                    |
|    | Sales Commissions (Specify finder's fees separately)   |          |                             | _        | -0-                    |
|    | Other Expenses (identify): Travel and Marketing  |          |                             |          | -0-                    |
|    | Care Dipenses (recitify) - 110.0. and framework minimum minimu |          | []                          | —        | <del></del>            |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

35,000

|        | <ul> <li>b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Questi difference is the "adjusted gross proceeds to the issuer."</li> </ul>  | ion 4.a. This  |                    |                                  |                         | \$ <u>24</u>            | 9,965,000                          |
|--------|---|--|--------------------|----------------------------------|-------------------------|-------------------------|------------------------------------|
| •      | Indicate below the amount of the adjusted gross proceeds to the issiproposed to be used for each of the purposes shown. If the amount for an not known, furnish an estimate and check the box to the left of the estimate of the payments listed must equal the adjusted gross proceeds to the issue response to Part C – Question 4.b above. | ny purpose is<br>nte. The total  |                    | yments to Of<br>rectors, & Afi   |                         | Pay                     | ments To Others                    |
|        | Salaries and fees   | [√]  | \$                 | 5,000,000                        | []                      | \$                      | -0-                                |
|        | Purchase of real estate   | []   | \$                 | 0-                               | []                      | \$                      | 0-                                 |
|        | Purchase, rental or leasing and installation of machinery and equipme   | ent [ ]  | \$                 | -0-                              | []                      | \$                      | -0-                                |
|        | Construction or leasing of plant buildings and facilities   | []   | <b>s</b>           | <u>-0-</u>                       | []                      | <b>s</b>                | 0-                                 |
|        | Acquisition of other businesses (including the value of securities in offering that may be used in exchange for the assets of securities issuer pursuant to a merger)   | es of another  | \$                 | -0-                              | []                      | \$                      | -0-                                |
|        | Repayment of indebtedness   |  | \$                 | -0-                              | []                      | \$                      | -0-                                |
|        | Working capital   | [ ]  | \$                 | -0-                              | []                      | \$                      | -0-                                |
|        | Other: Investments  |  | \$                 | -0-                              | [√]                     | \$                      | 244,965,000                        |
|        | Column totals   | [√]  | <b>s</b>           | 5,000,000                        | [√]                     | \$                      | 244,965,000                        |
|        | Total payments listed (column totals added)   |  | [√]                | <u>\$249,965,</u>                | 000                     |                         |                                    |
|        | D. FEDERAL SI   | GNATURE  |                    |                                  |                         |                         |                                    |
| onstit | suer has duly caused this notice to be signed by the undersigned duly authorize utes an undertaking by the issuer to furnish to the U.S. Securities and Exchanguer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.   | ed person. If thi<br>ge Commission,  | s notice<br>upon w | is filed under<br>ritten request | Rule 505, of its staff. | the follov<br>the infor | ving signature<br>mation furnished |
| ssuer  | (Print or Type) GCG Investors II, LP  | Signature  |                    | hal                              | 7                       | Date 2                  | 16/09                              |
| Vame   | of Signer (Print or Type)   |  | $\overline{}$      |                                  | 7                       |                         |                                    |
| •      | GCG General Partner, LLC, its general partner Greyrock Capital Group, LLC, its managing member  | Title of Signer (Print or Type)  Managing Member of Greyrock Capital Group, LL |                    |                                  |                         |                         | oup, LLC                           |
| •      | •   |  |                    |                                  |                         |                         |                                    |
| 3y: N  | 1ark Shufro   | 1  |                    |                                  |                         |                         |                                    |

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|      | E. STATE SIGN   | NATURE   |                  |                       |  |  |  |  |
|------|---|--|------------------|-----------------------|--|--|--|--|
| 1.   | Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject provisions of such rule?   | to any of the disqualification                 | Yes              | No<br>[ ]             |  |  |  |  |
|      | See Appendix, Column 5,   | for state response.                            |                  |                       |  |  |  |  |
| 2.   | 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 a 239.500) at such times as required by state law.   |  |                  |                       |  |  |  |  |
|      | N/A   |  |                  |                       |  |  |  |  |
| 3.   | The undersigned issuer hereby undertakes to furnish to the state administrate   | ors, upon written request, information         | furnished by th  | e issuer to offerees. |  |  |  |  |
|      | N/A   |  |                  |                       |  |  |  |  |
| 4.   | 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burde of establishing that these conditions have been satisfied. |  |                  |                       |  |  |  |  |
|      | N/A   |  |                  |                       |  |  |  |  |
|      | e issuer has read this notification and knows the contents to be true and has du horized person.  | ly caused this notice to be signed on i        | ts behalf by the | undersigned duly      |  |  |  |  |
| Issu | uer (Print or Type) GCG Investors II, LP  | Signature M                                    | Date             | 3/9/09                |  |  |  |  |
| Nar  | ne of Signer (Print or Type)  |  | V                | <del></del>           |  |  |  |  |
| Ву   | : GCG General Partner, LLC, its general partner   | Title of Signer (Print or Type)                |                  |                       |  |  |  |  |
| Ву   | : Greyrock Capital Group, LLC, its managing member  | Managing Member of Greyrock Capital Group, LLC |                  |                       |  |  |  |  |

Instruction:

By: Mark Shufro

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed orprinted signatures.